



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Bernadino J. Pavone

Serial No.: 10/046,795

Group Art Unit: 1744

Filing Date: January 15, 2002

Examiner: Mark Spisich

For: ORTHODONTIC TOOTHBRUSH

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed February 20, 2004, wherein the Examiner requested restriction of the claims, Applicant selects Claims 1-11, drawn to a toothbrush. Accordingly, Applicant requests that claims 12-16, drawn to a method of manufacturing a toothbrush, be canceled without prejudice.

The Commissioner is authorized to charge any fee or credit any overpayment in connection with this communication to our Deposit Account No. 07-1180.

Such action is respectfully requested.

Respectfully submitted,

Mark D. Schneider, Registration No. 43,906
Gifford, Krass, Groh, Sprinkle,
Anderson & Citkowski, P.C.
280 N. Old Woodward Ave., Suite 400
Birmingham, MI 48009-5394
(248) 647-6000


Attorney for Applicant

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"EXPRESS MAIL" MAILING LABEL NUMBER EV 39496803745

DATE OF DEPOSIT March 19, 2004

I hereby certify that this paper or fee (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service "Express Mail Post Office To Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.






Judith T. Lange

41

03-22-04

1744

TRANSMITTAL LETTER (General - Patent Pending)			Docket No. PAV-10102/08
In Re Application Of: Bernadino J. Pavone			
Serial No. 10/046,795	Filing Date January 15, 2002	Examiner Mark Spisich	Group Art Unit 1744
Title: ORTHODONTIC TOOTHBRUSH			
 <u>TO THE COMMISSIONER FOR PATENTS:</u> Transmitted herewith is: Response to Restriction Requirement in the above identified application. <input checked="" type="checkbox"/> No additional fee is required. <input type="checkbox"/> A check in the amount of _____ is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 07-1180 as described below. <input type="checkbox"/> Charge the amount of _____ <input type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional fee required. <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"><div style="text-align: center;"> _____ <small>Signature</small></div><div style="text-align: right;">Dated: 3/19/2004</div></div> <div style="margin-top: 10px;">Mark D. Schneider, Reg. No. 43,906 Gifford, Krass, Groh, Sprinkle, Anderson & Citkowski, P.C. 280 North Old Woodward - Suite 400 Birmingham, MI 48009 (248) 647-6000</div> <div style="margin-top: 20px; text-align: center;">LABEL EV3949680374S</div>			
cc:		<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on 3/19/04 with the U.S. Postal Service as ex. first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><div style="text-align: center; margin-top: 10px;"> <small>Signature of Person Mailing Correspondence</small></div><div style="text-align: center; margin-top: 10px;">Judith T. Lange <small>Typed or Printed Name of Person Mailing Correspondence</small></div></div>	